

Reference Number: FOI202223/566
From: Other
Date: 01 February 2023
Subject: Details of DXA scans performed

Q1 Do you outsource your DXA scans? If Yes- please state the organisation providing this service and forward this FOI to your provider for completion (please continue to complete for any of the elements of the DXA pathway that are provided by your Trust/board)

A1 No

Q2 In January 2023 how many DXA scanning machines did you have at your trust/board for clinical use?
a. n. Operational
b. n. not in use
c. n. accessible outside of Trust

A2 a. 1
b. 0
c. 0

Q3 What is the average weekly capacity for clinical scans? (N. of scans per week)

A3 9

Q4 What was your average DNA rate over the last 3 months? (n. DNA/total n. scans booked)

A4 40 scans booked, 5 did not attend (DNA)

Q5 What age range do you include in your clinical scans? Please tick all that apply
a. <20 years
b. 20-40 years
c. 40-60 years
d. 60-75 years
e. 75-80 years
f. >80 years

A5 <20 years. Alder Hey Children's Hospital NHS Foundation Trust is a specialist paediatric hospital and does not Trust adults

Q6 What is the duration of your routine DXA appointment:
a. 15 minutes or less
b. 16-25 minutes
c. 26-30 minutes
d. >30 minutes

A6 16-25 minutes

- Q7 What was the average wait for clinical patients from referral to scan in January 2023?
- <2 weeks (move to Q9)
 - 2-6 weeks (move to Q9)
 - 6-13 weeks
 - >13 weeks

A7 2-6 weeks

- Q8 What are your perceived barriers to delivering DXA scans within 6 weeks from referral? Please tick all that apply
- Scanner capacity (DXA equipment)
 - Clinical capacity (operator)
 - Other- please state

A8 Not applicable, as per A7 above

- Q9 What was the average time from the scan to the report being available to the referrer in January 2023?
- <3 weeks (move to Q11)
 - 4-6 week
 - 6-13 weeks
 - >13 weeks

A9 < 3 weeks

- Q10 What are your perceived barriers to referrers receiving DXA scan reports within 3 weeks from scan? Please tick all that apply
- Clerical- internal
 - Clinical- internal
 - Factors external to this service (please state)
 - Other (please state)

A10 Not applicable, as per A9 above

- Q11 What hospital department is responsible for delivery of DXA scans:
- Radiology
 - Medical physics
 - Nuclear medicine
 - Rheumatology
 - Other- please state

A11 Radiology

- Q12 Which DXA examinations are included in routine protocols for the clinical service? Please tick all that apply
- Lumbar spine
 - Proximal femur
 - Long femur (AFF assessment)
 - Total body
 - Vertebral fracture assessment (VFA)
 - Peripheral/forearm

A12 Lumbar Spine
Total Body
Vertebral fracture assessment (VFA)

- Q13 What access facilities do you have available? Please tick all that apply
- Overhead hoist
 - Portable hoist
 - Wheelchair transfers
 - Bed/trolley transfers
 - Changing room
 - assistance for transfers
 - Other- please state

A13 Overhead hoist
Portable hoist

- Q14 i) What professional groups perform DXA scan measurements at your center? (DXA operators)
- Radiographer
 - DXA technician
 - Assistant practitioner
 - Clinical scientist
 - Nurse
 - Medical Dr- please state specialism
 - Other- please state
 - Unknown]

ii) Please indicate WTE for each group selected

A14 i): Radiographer
ii): 4.8 WTE

- Q15 What DXA-specific training (outside of professional training) have the DXA operators performing scans had?
- In house
 - Manufacturers applications training
 - Recognized/accredited national training programme (please state the name of the training programme/provider)
 - Other- please state
 - unknown

A15 In house
Manufacturers applications training

- Q16 What professional groups report your DXA scans at your center? ()
- Radiographer - internal
 - Radiographer - external
 - DXA technician – internal
 - DXA technician - external
 - Assistant practitioner – internal
 - Assistant practitioner - external
 - Clinical scientist – internal

- h. Clinical scientist - external
- i. Nurse -internal
- j. Nurse - external
- k. Medical Dr – internal - please state specialism(s)
- l. Medical Dr – external - please state specialism(s)
- m. Other- please state
- n. Reporting is outsourced
- o. unknown

A16 Medical Dr – internal: Radiologist

- Q17 What training (outside of professional training) have those reporting DXA scans had- specifically in DXA reporting?
- a. In house
 - b. Manufacturers applications training
 - c. Recognized/accredited national training programme (please state the name of the training programme/provider)
 - d. Other- please state
 - e. unknown

A17 Information not held – the Trust does not routinely collate or hold this information centrally as part of its management or performance data.

- Q18 What professional group provides clinical leadership for your service?
- a. Radiographer
 - b. DXA technician
 - c. Assistant practitioner
 - d. Clinical scientist
 - e. Nurse
 - f. Medical Dr- please state specialism(s)
 - g. Other- please state
 - h. unknown

A18 Medical Dr: Radiologist

- Q19 Please indicate how many (WTE) clinical vacancies in your DXA service do you have in January 2023? (Free text)

A19 Zero

- Q20 Is your service accredited as part of a national programme?
- a. ISAS
 - b. IOS
 - c. Other- please state
 - d. None
 - e. Unknown

A20 None

- Q21 What clinical audits do you routinely undertake? Please tick all that apply
- a. DXA scan technique
 - b. Reporting (double reporting)
 - c. Reporting (clinical review)

- d. Scanner QA review
- e. Other- please state
- f. unknown

A21 Scanner QA review

Q22 What IR(ME)R audits do you routinely undertake? Please tick all that apply

- a. Patient pregnancy
- b. DXA dose audit
- c. Referrer entitlement
- d. Scan justification
- e. Other- please state
- f. unknow

A22 Patient pregnancy

Q23 What clinical protocols do you have in place? Please tick all that apply

- a. Scan site
- b. Scan mode
- c. Reference data selection
- d. Patient positioning
- e. Scan analysis
- f. Interpretation- T&Z-scores
- g. Reporting
- h. Other- please state
- i. Unknown

A23 Scan Site Patient positioning

Q24 Which of the following are routinely included in the DXA report issued to the PRIMARY CARE referrer? Please tick all that apply

- a. Admin. details
 - i. Date of assessment
 - ii. Patient ID and demographics
 - iii. Reason for referral
 - iv. Reporter's ID
- b. BMD results for each measurement site
 - i. T score (after peak bone mass)
 - ii. Z score
 - iii. Rate of change for serial measurements
- c. Comment on reliability of measurements
 - i. BMD results
 - ii. Documentation of excluded measurements eg vertebrae
 - iii. Statistical significance of rate of change
 - iv. Clinical significance of rate of change
- d. WHO diagnostic category (for adults after peak bone mass)
- e. Results of additional investigations performed at DXA appointment
 - i. VFA
 - ii. X-ray or other imaging
 - iii. Laboratory tests
- f. Summary of clinical risk factors for fracture
- g. Summary of fracture history

- h. Clinical interpretation to quantify absolute fracture risk
 - i. FRAX+BMD
 - ii. FRAX + TBS
 - iii. FRAX+BMD plus comment on additional adjustment
 - iv. Statement on level of risk based on clinical judgement (eg low/moderate/high)
- i. Management advice
 - i. Reference to national guideline (NICE/NOGG/ROS)
 - ii. Reference to local management guideline
 - iii. Individualised advice
- j. Recommendations on:
 - i. Need for onward referral eg falls assessment or additional investigation
 - ii. Timing of future scan

A24 Information not held - We do not accept Primary Care Referrals

Q25 Which of the following are routinely included in the DXA report issued to the SECONDARY CARE referrer? Please tick all that apply

- a. Admin. details
 - i. Date of assessment
 - ii. Patient ID and demographics
 - iii. Reason for referral
 - iv. Reporter's ID
- b. BMD results for each measurement site
 - i. T score (after peak bone mass)
 - ii. Z score
 - iii. Rate of change for serial measurements
- c. Comment on reliability of measurements
 - i. BMD results
 - ii. Documentation of excluded measurements eg vertebrae
 - iii. Statistical significance of rate of change
 - iv. Clinical significance of rate of change
- d. WHO diagnostic category (for adults after peak bone mass)
- e. Results of additional investigations performed at DXA appointment
 - i. VFA
 - ii. X-ray or other imaging
 - iii. Laboratory tests
- f. Summary of clinical risk factors for fracture
- g. Summary of fracture history
- h. Clinical interpretation to quantify absolute fracture risk
 - i. FRAX+BMD
 - ii. FRAX + TBS
 - iii. FRAX+BMD plus comment on additional adjustment
 - iv. Statement on level of risk based on clinical judgement (eg low/moderate/high)
- i. Management advice
 - i. Reference to national guideline
 - ii. Reference to local management guideline
 - iii. Individualised advice
- j. Recommendations on:
 - i. Need for onward referral eg falls assessment or additional investigation
 - ii. Timing of future scan
- k. The secondary care report is the same as the primary care report

A25 a. Admin. details

- i. Included
 - ii. Included
 - iii. Included
 - iv. Not included
- b. BMD results for each measurement site
- i. Not included
 - ii. Included
 - iii. Not included
- c. Comment on reliability of measurements
- i. Included
 - ii. Not included
 - iii. Not included
 - iv. Not included
- d. Not included
- e. Results of additional investigations performed at DXA appointment
- i. Included
 - ii. Not included
 - iii. Not included
- f. Not included
- g. Not included
- h. Not included
- i. Not included
 - ii. Not included
 - iii. Not included
 - iv. Not included
- i. Not included
- i. Not included
 - ii. Not included
 - iii. Not included
- j. Not included
- i. Not included
 - ii. Not included
- k. Not included